

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Presentation for New Legislator Orientation

December 3, 2014

Romaine Gilliland

DHHS Director

DHHS's Mission

The Department of Health and Human Services (DHHS) promotes the health and well-being of Nevadans through the delivery of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

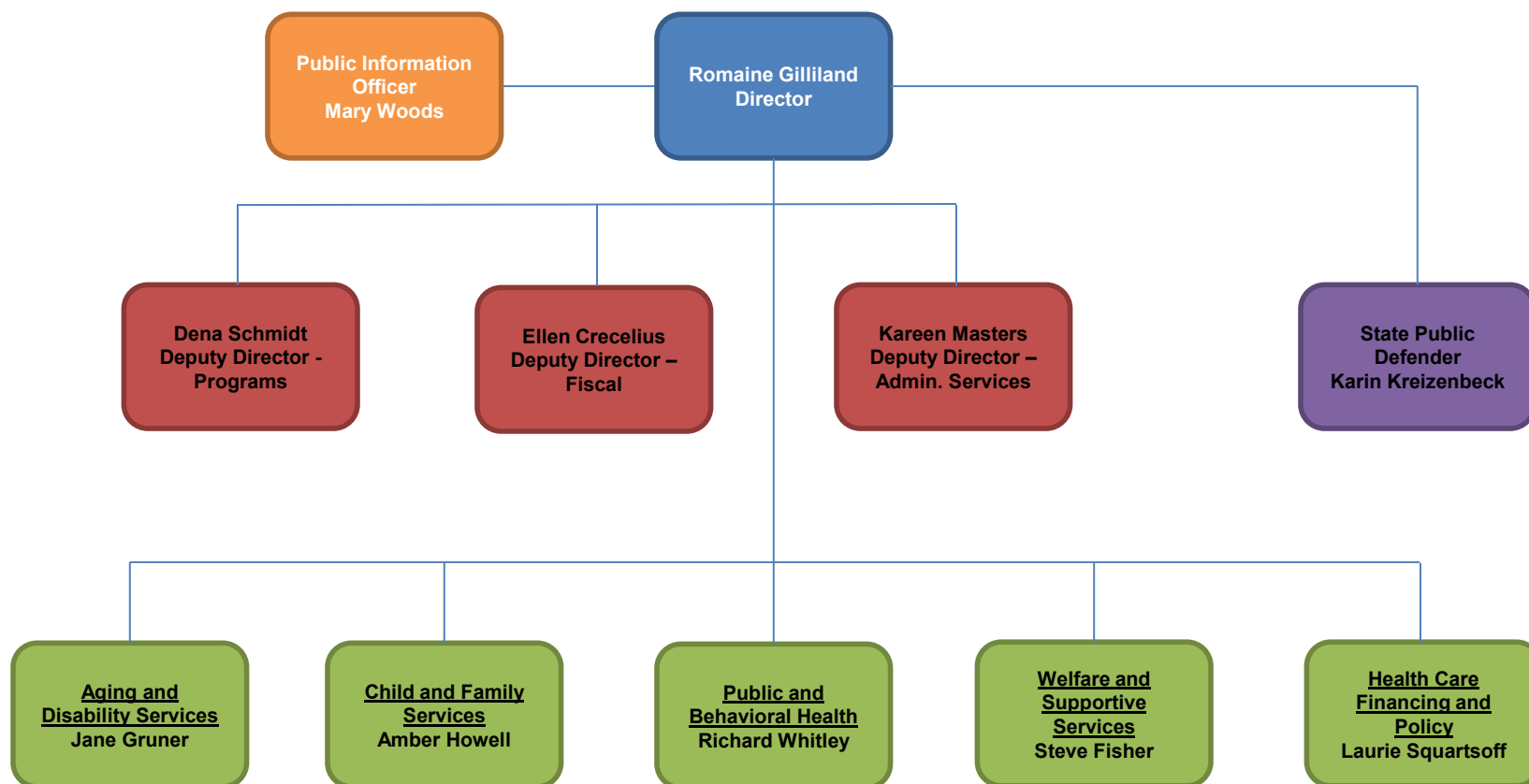
The department consists of the following divisions: Aging and Disability Services, Child and Family Services, Health Care Financing and Policy, Public and Behavioral Health, Welfare and Supportive Services, and the Public Defender's Office.

Statutory Authority: [NRS 232.290-465.](#)

Link to Website: <http://dhhs.nv.gov/>

*Helping People. It's who we are
and what we do.*

DHHS Organizational Chart



Topics of Interest

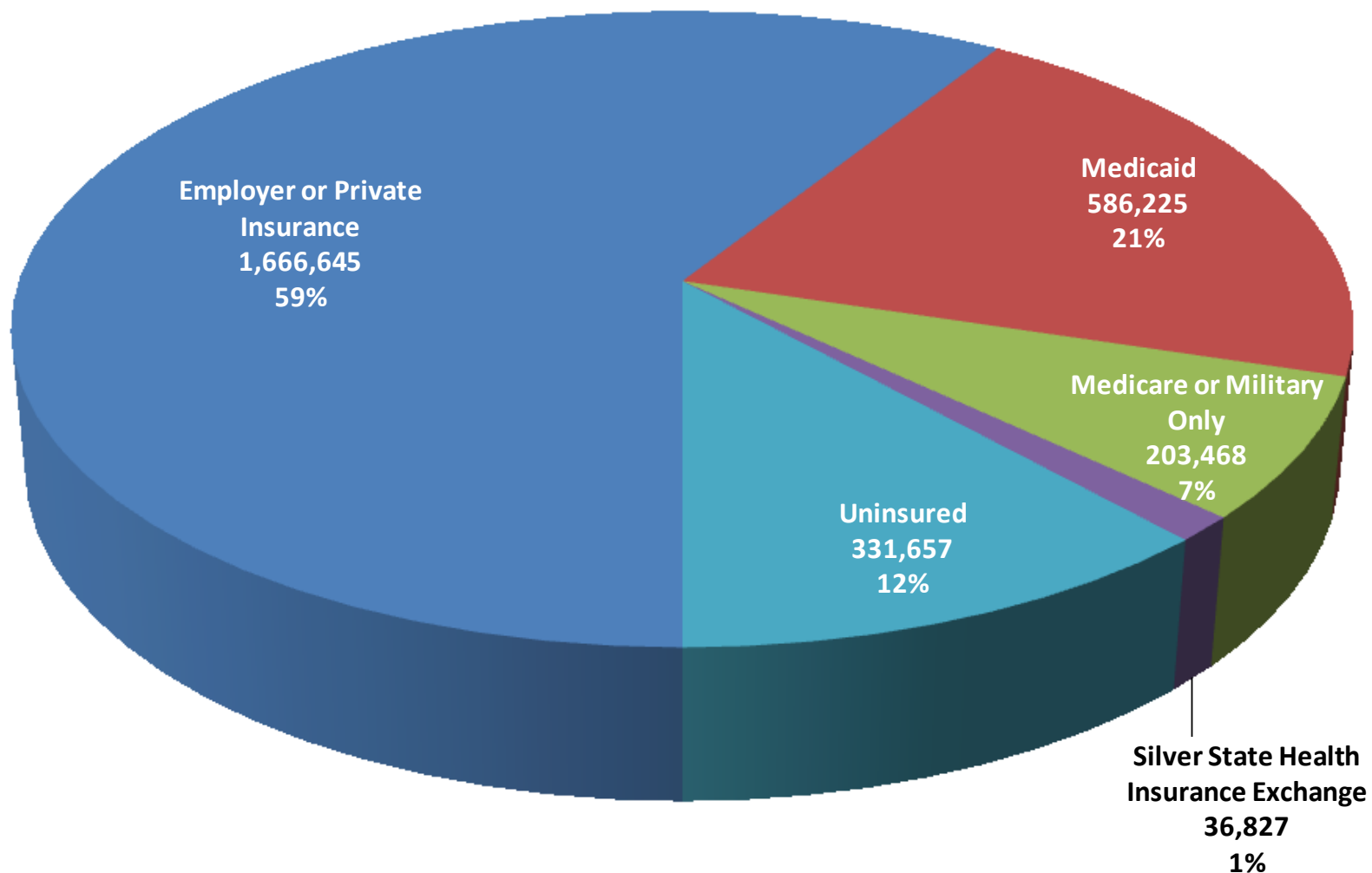
- Medicaid Expansion
 - Changing Uninsured Population
 - Composition of Current Medicaid Population
 - Mandatory and Optional Services
- Behavioral Health
- Medical Marijuana
- Other Hot topics
- Additional Information
 - Bill Draft Requests
 - Additional Resources

Medicaid Expansion and the Effect on the Uninsured Population

- Where we Began
 - Uninsured
 - 22.4% of Nevadans (605,000 people)
 - National Average is 16%
 - Of the Uninsured Nevadans
 - 23% below poverty
 - 29% poverty to 200%
 - 19% 200% to 300%
 - 7% 300% to 400%
 - Children
 - Worst in the Nation with 19.3% uninsured
 - National Average is 9.7%
 - Medicaid Coverage
 - Nevada is 11% vs. 20% National Average
 - Poor coverage of Mental Health program recipients

Estimated Insurance Status of All Nevadans as of July 2014

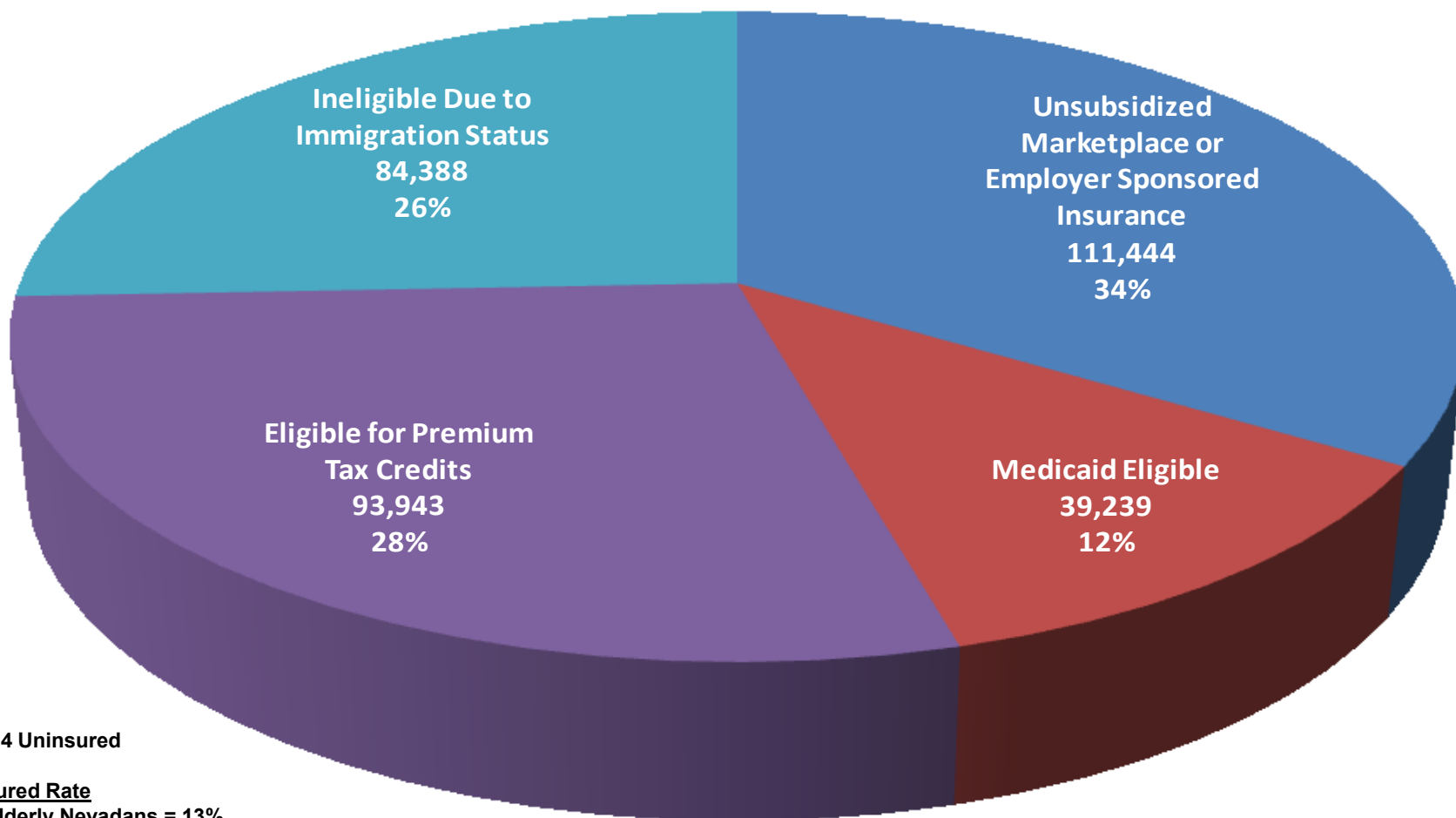
Total Population = 2,824,822



Note: Individuals may have more than one form of insurance, particularly Medicare or Military health care combined with private insurance or Medicaid.

Estimated Eligibility for Coverage among Currently Uninsured Nevadans as of July 2014

With ACA and Medicaid Expansion



329,014 Uninsured

Uninsured Rate

Non-Elderly Nevadans = 13%

All Nevadans = 12%

Composition of the Medicaid Population

- Medicaid Recipients October 2014 – 565,935
 - Estimated Member Months with Retro Claims – 621,570
- Recipients by Type
 - Affordable Care Act (ACA) – 164,149
 - Adult & Children Medical (TANF Med and CHAP) – 306,960
 - Aged Blind Disabled (MAABD) – 49,137
 - Seniors (Dual Eligible) – 30,478
 - Other including Child Welfare and Waiver – 15,211
- Nevada Checkup – 24,717

Mandatory Medicaid Services

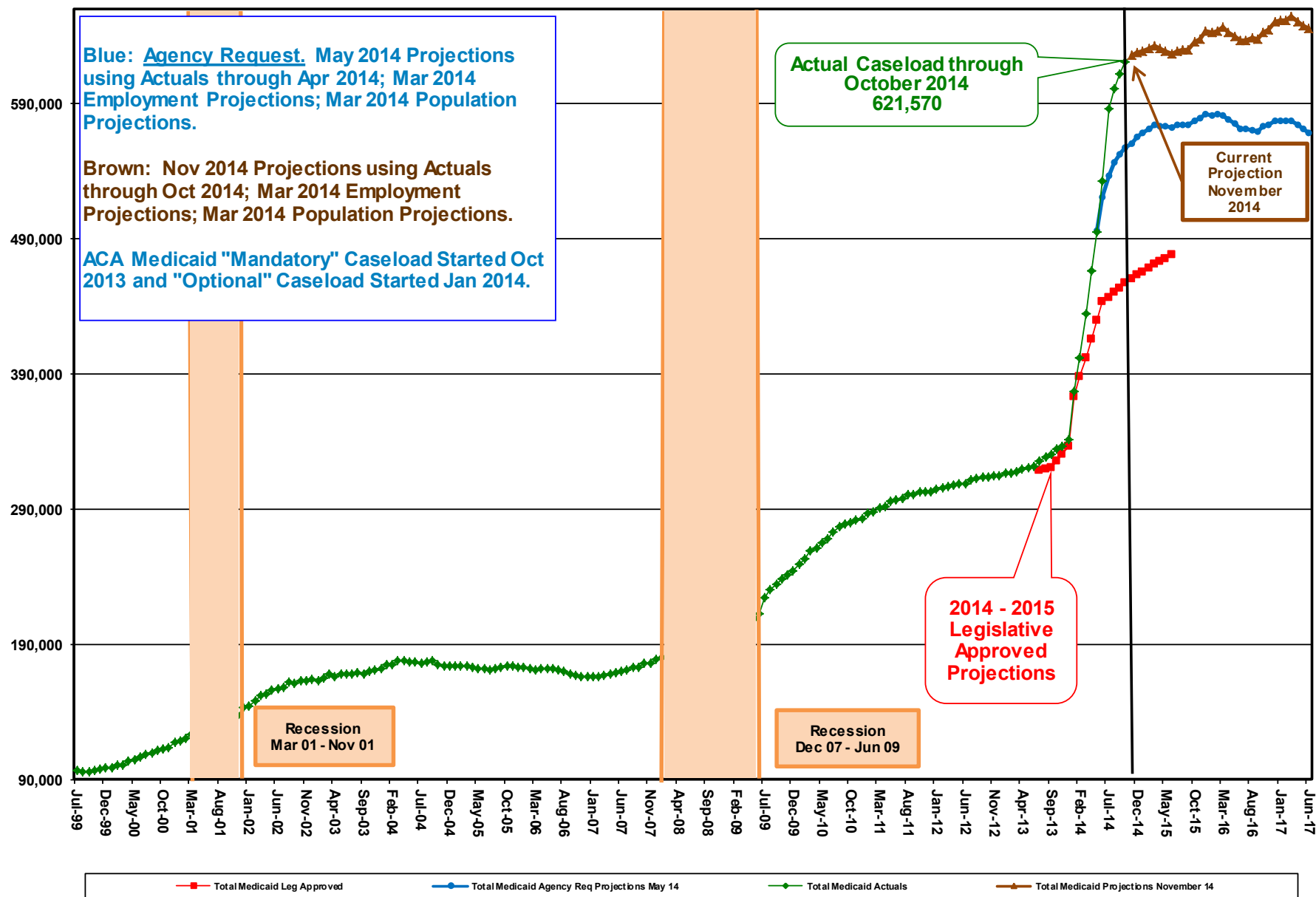
Federal law requires this set of “mandatory services:”

- Physician’s services
- Hospital Services
- Laboratory and x-ray services
- Early and periodic screening, diagnostic and treatment services for those under 21
- Federally-qualified health center and rural health clinic services
- Family planning services and supplies
- Pediatric and family nurse practitioner services
- Nurse midwife services
- Nursing facility services for individuals 21 and older
- Home health services
- Durable medical equipment
- Transportation services

Optional Medicaid Services

- Pharmacy
- Dental (under 21 except emergency care)
- Optometry
- Psychologist
- Physical, occupational, and speech therapies
- Podiatry (under 21)
- Chiropractic (under 21)
- Intermediate care facility for 65+
- Skilled nursing facility (under 21)
- Inpatient psychiatric services (21 and under; 65 and older)
- Personal care services
- Private duty nursing
- Adult day health care
- Nurse anesthetists
- Prosthetics and orthotics
- Hospice
- Intermediate care facility for individuals with intellectual disabilities

Total Medicaid with Estimated Retro Projections Using DWSS Home & Community Based Waiver Reported Numbers



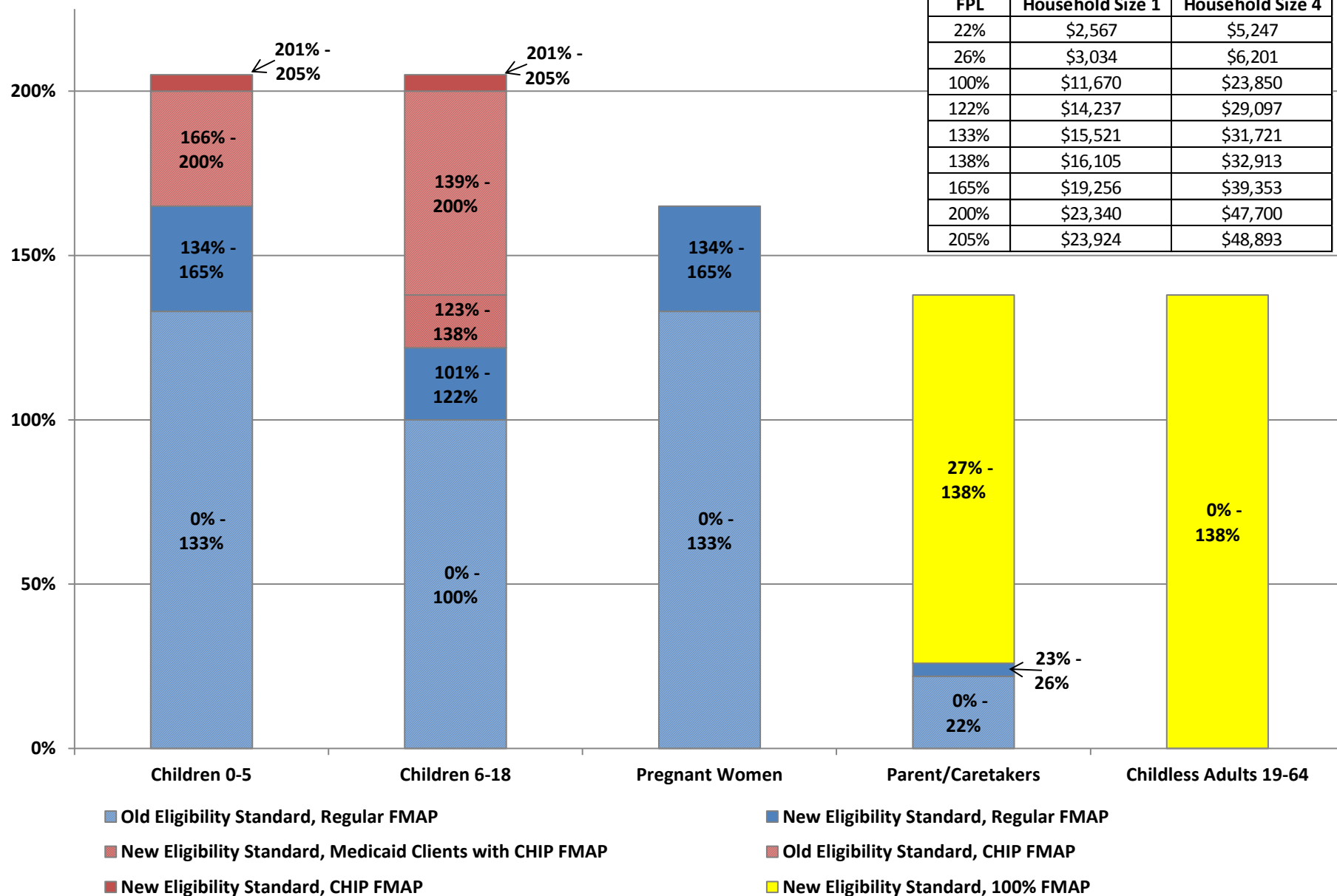
Blended FMAP

Updated September 2014

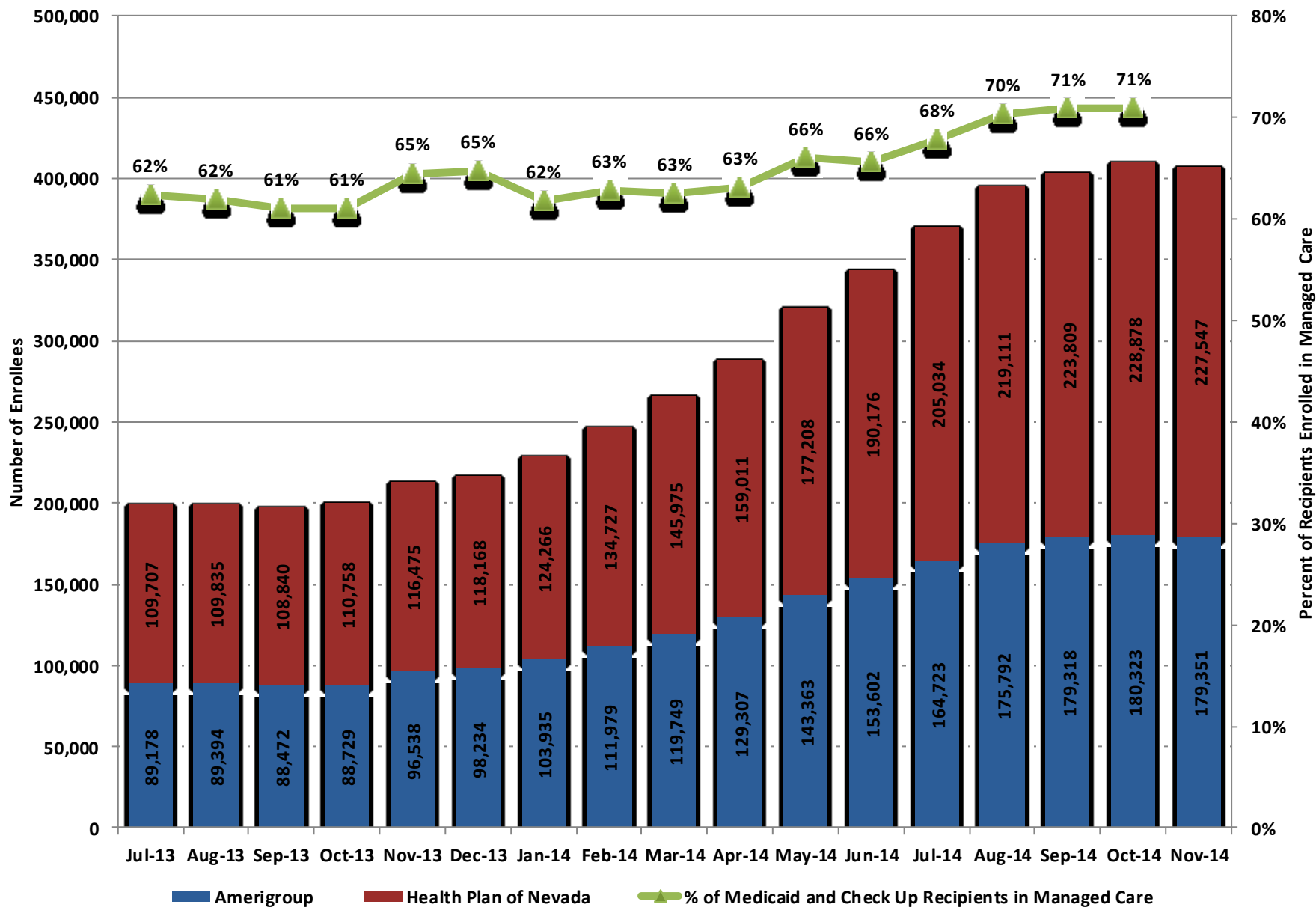
State Fiscal Year	FMAP	Enhanced (CHIP) FMAP	ACA Enhanced (CHIP) FMAP	New Eligibles FMAP
FY03	51.79%	66.25%		
	52.53%	66.77%		
FY04	54.30%	68.01%		
	55.34%	68.74%		
FY05	55.66%	68.96%		
FY06	55.05%	68.53%		
FY07	54.14%	67.90%		
FY08	52.96%	67.07%		
FY09	50.66%	65.46%		
	61.11%	72.78%		
FY10	50.12%	65.08%		
	63.93%	74.75%		
FY11	51.25%	65.87%		
	62.05%	70.44%		
FY12	55.05%	68.54%		
FY13	58.86%	71.20%		
FY14	62.26%	73.58%		100.00%
FY15	64.04%	74.83%		100.00%
FY16	64.79%		92.60%	100.00%
FY17	65.30%		98.71%	97.50%
FY18	65.71%		99.00%	94.50%
FY19	65.68%		98.98%	93.50%
FY20	65.23%		81.41%	91.50%

NOTE: The green cells reflect a 2.95% increase for the period April 2003 through June 2004. The blue cells reflect the ARRA stimulus adjusted FMAP for October 2008 through December 2010. The FMAP values for FY17 through FY20 are projections.

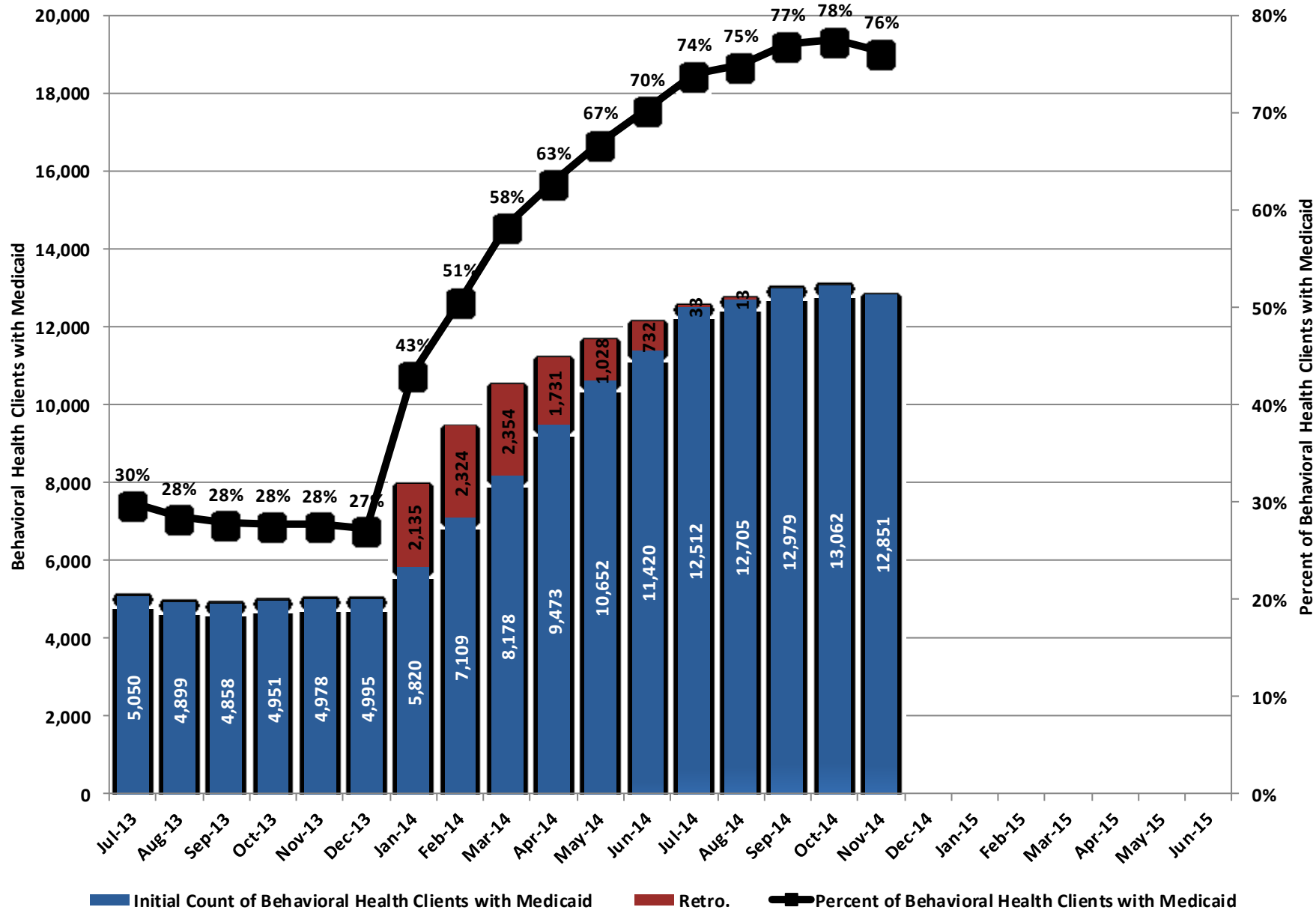
Medicaid Eligibility and FMAP



Managed Care Enrollment



Behavioral Health Clients with Medicaid



Public and Behavioral Health

- Governor's Behavioral Health and Wellness Council
 - Implemented Recommendations
 - Home Visitation Program
 - Assisted Outpatient Treatment (AOT)
 - Housing Support Reentry
 - Mobile Outreach Safety Team (MOST)
 - Mobile Crises for Kids
 - Community Triage Center (CTC)
 - Mental Health Courts – Transitional Housing
 - Increased Psychiatric Reimbursements
 - Inpatient Acute Care Hospital Rate – Increased from \$460 to \$944
 - In-Lieu of Rate for Stand Alone Facilities
 - Managed Care (MCO) Rate for Rawson Neal
 - Anticipated December 3, 2014 Recommendations Will Address
 - Children
 - Seniors
 - Governance
- Civil and Forensic Hospital Occupancy

Medical Marijuana

- Medical Marijuana Program Groups:
 - Medical Marijuana Cardholders
 - Medical Marijuana Establishments (MME)
- Establishment Applications Received -- 519
 - Percentages by Establishment Type
 - Dispensaries: 38%
 - Cultivation: 35%
 - Production: 23%
 - Laboratories: 3%
- Provisional Dispensary Licenses Issued by County
 - Carson City 2
 - Churchill 1
 - Clark 40
 - Nye 1
 - Storey 1
 - Washoe 10
- [Link to Frequently Asked Questions](#)

Other Hot Topics

- Food Security

- The Office of Food Security (and, along with that, the Food Security Strategist) was elevated out of the Grants Management Unit to establish a more direct connection with DHHS Divisions and other Departments.
- The Grants Management Unit's second competitive solicitation for grants intended to relieve hunger in Nevada will be published in late January with a proposed increase in funding.

- Aging and Disability Services

- Growth in the incidence of Alzheimer's Disease and Dementia
 - 1 in 9 people over age 65 have Alzheimer's Disease
 - 1/3 of people aged 85 and older have Alzheimer's Disease
- Persons with Intellectual Disabilities
 - Over 75% of people with ID live with families, and more than 25% of family care providers are over the age of 60 years and another 38% are between 41-59 years
 - Service system impacts come by way of both the aging person and their aging family caregivers.
- Growth in the demand for services for children with Autism Spectrum Disorder (ASD)
 - 1 in 68 children is diagnosed with autism.
 - In Nevada, over 6,000 children have a diagnosis of autism.
 - Early diagnosis and treatment are critical to long term outcomes

Other Hot Topics

- Medicaid
 - Access to Care
 - Health Care Guidance Program for Fee for Service Patients
 - Applied Behavior Analysis
 - Medicaid Management Information System improvements
 - Home and Community Based Services (HCBS)
- Welfare and Supportive Services
 - TANF -- Caseload Growth
 - NEON - WPR Compliance Plan Activities
 - Workforce Innovation Opportunity Act (WIOA) in Collaboration with DETR
 - SNAP -- Caseload Growth
 - Timeliness Corrective Plan
 - Accuracy error rate
 - SNAP Employment & Training – Pilot grant application
 - Investigation & Recovery SNAP trafficking grant application

DHHS BILL DRAFT REQUESTS

DHHS Budget Bill Draft Requests (BDR)

DOA BDR #	Division	NRS	Description
406-1045	DPBH	449.0153, 449.001, 449.0151, 449.089, 449.0301, 449.119, 449.174, 449.194, 200.5093, 427A.175, 632.472	<u>Community Health Worker Pool (CHW)</u> : Required to implement the CHW model in Nevada, including oversight and certification of workforce. CHW's are commonly characterized as lay health workers. CHW is considered an evidence-based model to improve access to health care, increase education and awareness, prevent disease and improve select health outcomes among the populations in which they reside.
403-1077	DHCFP	422.4025	<u>Medicaid Preferred Drug List (PDL)</u> : Elimination of the sunset/expiration date to enable Medicaid to continue to collect rebates on certain drugs.
406-1042	DPBH	449, NAC 449	<u>Peer Support Recovery Organizations (PSRO)</u> : Creates Peer Support Recovery Organization as a facility type to employ trained Peer Supporters to provide peer support services for individuals with mental illness, addictions or co-occurring disorders. Provides for licensure requirements.
406-1040	DPBH	449.00455	<u>SAPTA</u> : Allows DPBH to license all alcohol and drug abuse facilities that meet the NRS 449.00455 definition.

DHHS Policy BDRs

DOA BDR #	Division	NRS	Description
400-1102	DO	439.581 to 439.595	<u>Statewide Health Information Exchange System</u> : Revisions necessary to address advances in technology and lessons learned during implementation of the "State Health Information Technology Strategic & Operational Plan". Change DDHS to oversight authority rather than administrative authority.
406-1020	DPBH	439A, NAC 439A.720	<u>J-1 Physician Visa Fees</u> : Remove cap for J-1 Physician Visa Waiver application fee to allow for adequate funding for staff processing and program oversight.
402-1043	ADSD	435	<u>Early Intervention and Developmental Services into Aging and Disability Services Division</u> : Complete the integration/realignment of services of EIDS into ADSD as requested in NRS 435.
403-1081	DHCFP	422.4035	<u>Pharmacy and Therapeutic Committee (P&T Comm.)</u> : Change of membership requirements so committee may meet regularly.
403-1090	DHCFP	689A.430, 689B.300	<u>Confirmation of Medicaid Payer of Last Resort</u> : Implement trading partner agreements (TPAs) with commercial payers to acquire their monthly eligibility rosters. Ensures Medicaid is payer of last resort.

DHHS Policy BDR's continued

DOA BDR #	Division	NRS	Description
403-1103	DHCFP	428 Indigent Persons	<u>Indigent Accident Funds:</u> This will help with proper and appropriately flexible use of federal/non-federal funds for indigent care. Also abolishes fund & board related to the county match program which is no longer needed.
406-1041	DPBH	Title 40, 449, Chapter 458	<u>Alcohol and Drug Abuse Facility Licenses:</u> Seeks to require all alcohol and drug abuse facilities falling under NRS 449.00455 to be licensed by the Division. Changes authority for adoption of regulations from Division to State Board of Health.
406-1054	406-1076	NRS 127.330	NV Will Adopt Statutory Processes for Cooperation with other States for Proper and Expeditious Treatment of Persons with Mental Illness and/or intellectual disabilities in institutional care settings.
406-1093	DPBH	178.400	<u>Lake's Commitment Provisions:</u> Clarify fiscal responsibility for individuals committed to Lake's Crossing. Amends long-term commitment provisions of incompetent defendants to include only the most egregious offenses. In reviewing the eligibility of a client for discharge from conditional release, removes the requirement the court find the person no longer has a mental disorder.

DHHS Policy BDR's continued

DOA BDR #	Division	NRS	Description
406-1099	DPBH	Title 39, Chapter 433A	<u>Involuntary Commitment/Decertification</u> : Expands the practitioners that may file a petition for involuntary court-ordered admission of a person. Adds licensed physician assistants and nurse practitioners. Adds a new section to allow for decertification of a person who has had a petition initiated for involuntary court-ordered admission.
407-1088	DWSS	702.275	<u>Distribution of LIHEAP Funds</u> : Creates flexibility that's intended to maximize use of low income energy assistance program (LIHEAP) funds and universal energy charge (UEC) funds to maintain stable year round energy assistance program.
409-1203	DCFS	432.100	<u>Central Registry</u> : Allows access by certain employees of DPBH, a child welfare agency, or with the Division Administrator's approval, to a contracted agency, in order to complete daily business.
406-1060	DPBH	457, NAC 457	<u>NCCR Mammography</u> : The NCCR, in collaboration with the NV Cancer Coalition and healthcare providers are requesting NRS changes to reflect program changes. Also revise fee and penalty requirements.
406-1061	DPBH	388	<u>Youth Risk Behavior Surveillance Survey (YRBS)</u> : Standardize parental permission requirements to the use of passive parental permission in all school districts to conduct YRBS. Action is needed to affect response rates for the survey.
406-1076	DPBH	453A.740	<u>Medical Marijuana Program - ID Cards</u> : Provides for DPBH to prepare and issue medical marijuana registry cards for cardholders and caregivers.

Resources – DHHS Website dhhs.nv.gov

- *Quick Links*

- [DHHS Quick Facts “Nassir Notes” \(Next update December 2014\)](#) – Link to document
- [Ebola Tool Kit](#) - Link to page

- *About Us*

- [Budget Information](#) - Link to page

- *Reports and Publications*

- Reports

- [Welfare Fact Book Executive Summary \(next update Feb. 2015\)](#) - Link to document
- [Medicaid Fact Book Executive Summary](#) –Link to document
- [Medicaid State Plan](#) - Link to page
- [Public Assistance Caseload](#) - Link to page
- [Medicaid Chart Pack](#) – Link to document
- [Behavioral Health Chart Pack](#) – Link to document
- [DHHS Expanded Presentation](#)